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A CONSIDERATION OF MENTAL DISEASES FOR THE GENERAL NURSE*

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I have chosen this title for the paper to be presented to you, the members of the Canadian Nurses' Association, after giving very careful thought to the many points of interest relating to insanity as met with by the general nurse. It can in no sense be regarded as other than an effort to put before you the more important features found in the different forms of mental disorder—at best, I confess, rather briefly sketched; and with this such practical hints bearing on insanity, from the nurse's standpoint, regarding its causes, varieties, and its management as could be included in this necessarily limited article. To compress an intelligent and intelligible presentation of psychiatry into the time allotted is a difficult task, and only essentials can be dealt with. Ergo, the object of this paper is simply to lay before you as nurses, certain important facts bearing on insanity, a consideration which you may, and do, from time to time, meet in the pursuit of your high calling.

On frankly facing your attitude toward the sufferer from acute mental disease, it will be admitted that the average general nurse personally dislikes to be called on to care for such cases. The higher rate of wage which your association considers is but fitting for the nurse in charge of a mental case (and with that, mark you, I have no quarrel), proves, that, as a body, it has decided mental disease is one of the most serious and trying maladies which can engage your ministrations. Also —and if wrong, spare not the rod of correction—may it not be that while the nurse is by nature, by training, by her graduation, vows, and by her subsequent experience, believed to be "all things to all" cases, the Association realizes that certain disorders, notably smallpox and other contagious diseases, have additional risks attendant on those who care for them; and that cases of delirium tremens and insanity, from their potential danger, are, though not shirked, on the other hand, not eagerly sought and it accordingly places the stamp of approval on the

*Read before The Canadian Nurses' Association, Montreal.

demand for higher remuneration as an attraction for the nurse who will care for such a patient?

But while this position is entirely defensible from the standpoint of the law of supply and demand, is it so on the basis that "The laborer is worthy of his hire," as regards the knowledge of mental disease and its care, by the general nurse? At the risk of being considered Shavian, I would suggest that if the general nurse receives three dollars per day for nursing a case of which she knows a great deal, she should pay at least six dollars a day to the family which permits her to nurse a case of insanity among its members, for it is a disease of which she knows nothing! Not that it is wholly just to criticize the nurse for this condition of affairs; she is the product of a system of training which has evoluted greatly in the past fifty years—a system and its exponents to which can be credited many valuable lives saved, and which has given in countless instances, examples of as fine a heroism, as steadfast a courage, and as high a sense of duty as e'er won the Victoria Cross on the battlefield, or in the cause of science found a last long rest as did Scott in the Antarctic.

But it would seem obvious that one of the reasons for the repulsion shown by the general nurse toward cases of mental disease, is the result of inadequate training therein. As a probationer, she daily meets disease and death, not to speak of menial duties at which her finer senses revolt. But she soon learns, through her instruction in biology, physiology and anatomy, as well as from certain ethical principles taught her, that pain and disease should ever be the object of real interest, at all times the incentive to sympathetic help—and thus enlightened these abnormalities no longer repel her. "Familiarity breeds contempt," but familiarity, as applied to disease, can, and does, beget understanding, sympathy, and the knowledge necessary to alleviate its pangs. This holds good of mental diseases, as well as bodily disorders. In the light of the instruction given to the nurse-in-training to-day relative to insanity, in practically all of our Canadian general hospitals, it would seem but a platitude to state that such should be vastly improved. One looks in vain through most of the curricula of these many excellent schools for an adequate apportionment of the three years' course to the subjects of psychology and psychiatry. Your Association should no longer delay to bring to bear upon the various training schools the existence of an urgent necessity for a fair measure of training in these two subjects. Remember that no case which is physically sick is mentally well—in the broader understanding of the phrase—the reaction of the human mind to pain and suffering and the many depressing influences of enforced inactivity is very different to that of the mentality when the full glow of bodily health is present. Is it not the work, nay, the duty, of those who instruct you in the care of physical ailments

during your course of training, to give fuller consideration to the matter of qualifying you, so you may grasp the fundamentals, at least, of psychology, and how it may be assailed in disease, both of the body and the mind?

What is insanity? The definitions of insanity are an imposing host numerically, some short, many too lengthy and involved. Perhaps the description of what insanity really is, as given by Dr. C. B. Burr, of Flint, Michigan, in his "Primer of Psychology and Mental Disease," will be sufficient. It is brief, and runs as follows: "Insanity is defined as a prolonged departure from the individual's normal standard of thinking, feeling and acting." His explanation of his definition is worth quoting, and I give it verbatim:

"It is a prolonged departure because there are many conditions in which there are temporary departures from the normal standard of thinking, feeling and acting which are not called insanity. Thus, in intoxication one neither thinks, feels nor acts as when sober, but this condition is not accounted insanity, and the subject is fully responsible in the eyes of the law for his conduct. It is true of shock, a blow on the head, fright, an epileptic convulsion, fainting (from loss of blood or heart failure), and apoplexy, that there may be temporary loss of consciousness and the mind does not act naturally, but the person thus suffering is not regarded as insane. Insanity may develop in consequence of injury, in consequence of the loss of blood, and in consequence of apoplexy or epilepsy, but the condition itself is not an insane condition.

"The definition speaks of the individual's normal standard. This means that every case is a law unto itself; that there is no fixed standard of thinking, feeling and acting. It cannot be said, for example, because one does not act under certain conditions as his neighbor acts, because he does not show the same amount of feeling that his neighbor manifests, or because he does not think in the same lines that his neighbor thinks, that he is insane and the other sane. In giving an opinion as to whether insanity exists, it is necessary to compare the person's present with his former habits of thinking, feeling and acting. The 'departure' may display itself in complete change of characteristics, tastes and tendencies, in simple perversions of the feelings and judgments, or in exaggeration of natural traits of character."

Is insanity increasing? After a careful review of published statistics from many sources in Canada and the United States, as well as the fact that private institutions in these two countries have notably increased in number in the past decade, it may be assumed that insanity is more prevalent than, say, twenty years ago. This statement is made in full recognition of the knowledge that better methods of treatment, more scientific study, and a higher recovery rate in hospitals for the

insane generally, as well as the establishment of psychiatric clinics, have resulted in the sending of many mild cases for treatment thereto of late years, which formerly would have been looked after in some fashion or other at home. The bar sinister of insanity is not readily acknowledged by immediate or even distant relatives, it is true, but it seems a proven fact to those whose daily work is among the insane that patients' friends more quickly seek aid for the afflicted member of their family in an institution to-day than was the case a few years ago.

As to the care of the insane by the State, much improvement in both Canada and the United States has been shown in recent years. Several of the Canadian provinces have made striking advances in their care of both the acute and chronic insane during the past twenty years. As an instance might be quoted an institution for the care of the insane in one of the newer provinces, viz., Alberta. Here a modern building equipped with elaborate hydrotherapeutic apparatus, has been erected within the past three years. Large institutions—and by these are meant hospitals of two hundred beds or over—are indispensable for the care, as well as the cure, of the mentally deranged, but a most excellent idea in the treatment of the insane is that embodied in the so-called psychiatric clinic; this first found its accomplishment in that land of greater achievement in medical science, Germany. The psychiatric clinic simply means the addition to a general hospital of a ward or wards for the treatment of the acutely insane, either in the same building or in a separate structure. Such a section is given over wholly to a medical staff and nurses fully qualified in the subject of psychiatry. It is provided with special hydrotherapeutic equipment, and here are treated successfully many acute forms of insanity, which renders unnecessary their being sent to the larger hospitals for the insane. Here, too, the nurse-in-training has opportunity for the study of acute mental cases, which is invaluable to her.

What are the causes of insanity? These are many and are divisible into: 1. Direct and indirect physical and emotional causes; 2. Vicious habits; 3. Constitutional and evolutional causes. Among the direct physical causes of insanity are head injuries, cerebral haemorrhage and chronic diseases, such as cancer, phthisis, Bright's Disease, pregnancy with its various perils, as well as sudden and severe fright, mental shock, grief, care, anxiety and trouble, domestic or otherwise. Under the heading of vicious habits, the following are to be noted, viz.: Intemperance, the addiction to morphine, cocaine, sexual excesses and other habits of life which lower the vitality. The constitutional and evolutional causes are legion, and attributable to such, faulty heredity comes foremost in the production of mental disease. Added to heredity, the evolutional and devolutional periods in the life of the individual are fraught with danger. Puberty and adolescence; in women, the cli-

macteric, and in both sexes, the oncoming of old age, i.e., senility, make such demands upon the nervous system that the stress entailed by such change in the individual economy is often too great and too profound to allow perfect function, hence breakdown occurs. In Verdun Hospital, during 1913, out of 247 cases admitted, hereditary taint was considered to be present in 92, or in 37 per cent. In 94 cases it was definitely denied, i.e., nearly 38 per cent. In the remaining 61 cases, nothing bearing on heredity was ascertainable, viz., 25 per cent. In a certain proportion of this latter group, had histories been obtainable, the influence of heredity would have been demonstrated as a casual agent, beyond reasonable doubt.

The likelihood of insanity developing in the children or grandchildren of an insane parent, is very great, though perhaps those in asylum work are prone to take too hopeless an outlook in considering this question; certain it is that evidence of insanity in the children and grandchildren of those who have suffered from mental afflictions is presented almost daily. This statement is made, giving, it is believed, due weight to the kind of environment in which the individual develops and matures. To quote one case, which was admitted to Verdun Hospital, and the mental life of some of his offspring, the following is given brief mention: J. McF., clerk, aet. 70, admitted to Verdun Hospital Jan., 1901, a case of senile dementia, but had shown mental symptoms for past ten years. Died April 21st, 1903, in hospital. He had six children. Of these, M. M. McF., aet. 32, admitted Dec., 1897, a case of acute melancholia, still in residence now showing secondary dementia; E. M. McF., aet. 24, admitted May, 1904, a case of acute dementia, still a patient, now shows secondary dementia. C. McF., aet. 28, suicided by shooting himself, presumably while mentally unbalanced. One brother, W. McF., now living, is reported by the family physician as "excitable and nervous." One sister, Mrs. H., and one brother, J. McF., both between 40 and 45 years of age, are so far normal. Mrs. H. unfortunately married an epileptic, and by him had five children. Of these, one, F. R. W. H., aet. 19, is a high grade imbecile, admitted to hospital Feb., 1914, and another daughter, M. H., aet. 13, is considered defective mentally, though still at home. Here we have the father insane; of his six children, three were sufferers from mental breakdown and a fourth "nervous," the remaining two are so far normal, but two grandchildren out of five are abnormal mentally, one being confined in an asylum. Such a record, chosen from hundreds, though few of which, fortunately, show quite as desperate a genealogy, surely is a potent argument for the sociologist and the eugenist; certainly, in the end, the commonwealth "pays the piper."

The effect of intemperance in producing insanity is, too, taking such cause in its entirety, more evident in the offspring than in the in-

ebriate himself. On the other hand, syphilis, as a factor in producing mental disease shows itself in the syphilitic, rather than in his children.

What are the different forms in which insanity may manifest itself? For you, as nurses, it will be sufficient to remember that insanity presents itself in an abnormal depression, termed melancholia; in an abnormal exaltation, termed mania; in enfeeblement intellectually, called dementia, and in perversions, more especially of the intellect, associated with persecutory delusions, known as paranoia. These manifestations, constitute, very broadly considered, it is true, four parent types, and practically all mental diseases at some point or other in their onset, establishment and course, conform in greater or less degree to one of the four. Certain of these types, too, may show much less prominently, symptoms that are most marked in one of the others, i.e., we often find a patient with dementia passing through periods of elation, resembling mania, and we see the distinctly depressed case, showing at times the suspicion and persecution so characteristic of paranoia, or again we find both maniacal and depressed stages alternating in the same patient.

In all of the foregoing hallucinations, illusions and delusions may develop. "An hallucination is a false perception without an objective reality." Hallucinations may be present in connection with any of the special senses; thus we speak of auditory hallucinations which are those "heard"; visual hallucinations, which are those "seen"; tactile hallucinations, which are those "felt"; and olfactory and gustatory hallucinations, which are those "smelt" or "tasted." A patient, for example, who looks at the bare floor and states he can see a snake crawling there, suffers from a visual hallucination; another who objects that he is being cursed or abused by others, when all about him is absolutely still, is the victim of auditory hallucinations; or he complains of frightful odors and foul gases in his room, whereas the air therein is fresh, thus manifesting olfactory hallucinations.

"An illusion is a false perception with an objective reality." Illusions occur also in connection with the special senses, one or more of which may be involved.

As an example of an illusion of hearing, a patient in the ticking of his watch hears commands given him, or in the whistle of a locomotive hears cries and shrieks; if on looking at a portrait, he sees the features change their expression, etc., he is said to suffer from a visual illusion. In the case of hallucination there is really no external stimulus to the particular sense at fault; in illusion there is a stimulus to the sense affected, and such is ministerpreted.

A delusion is "a false belief due to disease." This definition purposely includes the words "due to disease," because there are many

false beliefs held by individuals who can in no sense be regarded as insane. For instance, the beliefs in witchcraft, ghosts, or the possibility of demoniacal possession, etc., though false, are due to defective education and superstition and not to disease, and hence could not in certain ignorant persons be considered as delusions. In judging of a delusion, the education, mentality and character of the individual must be carefully weighed, for example, certain denunciatory remarks made about religion by an uneducated and vicious person would not necessarily call into question his sanity; were similar charges made publicly from the pulpit by a leading clergyman, let us say, it would be such a departure from his normal standard of thinking, feeling and acting, that doubt as to his saneness would arise on the instant.

Now just as persons of sane mind react to the various influences of their own perceptions, judgment, emotions and environment, so are lunatics swayed by their beliefs, their reasoning, their feelings and surroundings. There is this difference, the sufferer from mental disease has his formerly sane conceptions replaced, so to speak, by delusions, hence his reasoning is faulty, and his judgment is impaired; add to this an unstable emotional state and you can understand that the mental operations of such a sufferer can only lead to abnormal conduct and statement. Recently a patient, now in Verdun Hospital, asked his wife, when she was visiting him, to bring him a revolver so that he might kill her, their daughter and then himself; he, a case of melancholia, has the delusion that his wife and daughter are being slowly ruined, and are ultimately to suffer death by torture after great degradation; that he is, very soon, he believes, to be taken out and burned to death; death he admits he deserves, as "he has been a hopeless sinner," but naturally shrinks from it in such a cruel form; to save his wife and daughter, of whom he is very fond, and himself from this impending horrible end, his desire is to bring a more speedy merciful termination to the fate in store for all of them. Here we have delusions of a depressing character which, in his case, followed by his own defective reasoning, result in the impaired judgment that homicide and suicide are not only justifiable, but desirable.

What are some of the facts a nurse should know if called on to care for an insane patient?

As a preface, I cannot do better than quote from a paper by Dr. T. J. W. Burgess, Medical Superintendent of Verdun Hospital, "Insanity and the Nursing of the Insane," read before the Canadian Nurses' Association, in December, 1908.

He there states, "The fundamental principle of a mental nurse's education must be the fact that insanity is a disease; that insane acts and ideas as surely spring from a morbid condition of the brain as a bilious attack springs from a morbid condition of the liver. It is hard

to realize that it is possible for a person seeemingly well and strong, able to eat three square meals a day, and capable of moving vigorously about, to be sick, as is really the case with the insane, and yet it is all-important that this fact should never be lost sight of. Very often the victims of disordered mind imagine that their best friends are their worst enemies, and frequently, under the influence of insanity, the most kindly and refined ladies become notoriously obscene, lewd and irritating. Not rarely, too, we come across patients who, let the nurse be never so kind, will persist in formulating charges of neglect, inattention, and even cruelty against her. To bear such charges with equanimity, knowing them to be utterly baseless, is one of the hardest tasks imposed upon the mental nurse. It is only by the full recognition of the fact that such patients are sick and not answerable for what they say, that this can be done. It makes a hard struggle, I grant you, to keep down the 'old Adam' innate in us all, under such circumstances. It must be done, however, if you are to have any success in the care of the insane. Perhaps it may help you in the struggle if you will put it to yourselves in this light: I would never dream of taking to heart any of the absurd things said by a delirious fever patient, why, then, should I feel aggrieved at the remarks of an unfortunate lunatic, who is equally sick and equally irresponsible for what he may say?" And again, in referring to the nurse in charge of a mental case: "In all cases her main object should be to gain the confidence of her charge. Let her do this, and she will have much more comfort and ease in her attendance upon him, and much more success in carrying out any indicated line of treatment."

Once a nurse to whom has been entrusted the nursing of a mental patient has fully grasped the basic principles of the foregoing enjoinment, her attitude toward such a case should be one of frankness, cheerfulness and tact. You would be surprised to know how often the mistaken evasiveness practised by the relatives in seeking to direct the comings and goings—not to say the stayings—of a lunatic are set at naught by his uncanny shrewdness. The truth, tempered by tact, is as important a force in dealing with melancholiacs, maniacs, dements, and paranoiacs, as it is with any other human being presently more favored by a normal mentality. Never dissimulate with a mental patient, but tell the truth without being bluff or abrupt. The tactful nurse can secure a hold upon her patient, which means a great deal in his management, and later helps convalescence at a surprising rate.

As to the physical needs of a patient, and your attention to them, you will find that there are hourly demands upon your attention, your powers of observation and your intuition that seldom arise in the caring for an ordinary sick patient. With the sane patient you can at least take for granted his desire to co-operate with you in the battle to re-

gain his health, with the insane patient he too frequently battles against regaining it.

Let your watchword here be, "Take nothing for granted," with reference to the patient's own statements as to the various functions of his body, or his needs of nutrition. For example, autointoxication from an overloaded intestine and rectum, the faeces being involuntarily retained, is common in cases of mental disorder; others deliberately keep the urine in the bladder, and need routine catheterization for this practice; others while taking the nourishment as given by the nurse willingly enough, apparently, may hold it in their mouths, awaiting the chance afforded by a temporary withdrawal of her attention, to eject it and attempt its concealment in some manner. I should like to say a word here as to the preparation and serving of food to an insane patient; do not forget that many are just as susceptible to the attractive appeal of foods properly prepared and daintily served as are those merely physically sick, whose appetite you consider it your duty to stimulate in every way within your power.

Some patients show the most peculiar ideas with regard to the taking of food. I have known a patient refuse food in any form unless she thought she was stealing it unobserved. In this case opportunity was given her to indulge her thieving propensities, with the result that she took sufficient nourishment thereafter. A common reason for refusal to take food is the delusion that it is poisoned, such false belief developing partly from illusions of taste and smell; the patient states he can taste powders or other nauseous material in all edibles brought him, or that they smell badly; others refuse food because God has "commanded" them to fast for a certain period, this mistaken idea being frequently elaborated from auditory hallucinations, viz., that "God speaks to them." Still other patients will not eat, from the desire to starve themselves to death; this latter is not uncommon in melancholia. When spite of tactful persuasion, or firmness, a patient will not eat, it may be necessary to resort to artificial feeding. This is usually resisted by the patient and demands the assistance of two or three besides the nurse. A soft rubber tube is introduced into the stomach either through the mouth or nose, and liquid nourishment poured through it. This should only be done by the physician in charge of the case, as there are risks attendant upon the procedure. Often, however, with lunatics (though I have been told not with the militant suffragettes), one or two feedings suffice, and hence, every time before feeding forcibly, the patient should be asked and allowed to take nourishment voluntarily, if he will.

The administration of medicines and their care is of paramount importance. All medicines administered and solutions used should be kept locked up and the key in the nurse's possession; they should pre-

ferably be kept outside the patient's room, and if in his room, as little display as possible should be made by the nurse in her periodic opening and shutting of their repository. When giving the prescribed dose, it must be a matter of certainty with the nurse that her charge has actually swallowed it. There are many cases recorded where a patient has collected a sufficient number of tablets, which were being given daily, and kept them, finally taking them all at once, with a fatal result. For this reason, in part, all drugs given to insane cases are usually prescribed in liquid form; but even here patients have been known to collect in a vessel, and later take a poisonous dose of such remedies. After giving the patient his dose, watch for the movement of the thyroid cartilage indicative of the act of swallowing, and if still unsatisfied, seek to have him open his mouth, in order to ascertain positively that the draught or dose has been taken.

As to serious bodily disease developing in a mental case, it should never be lost sight of that many patients with mental disorder show an anaesthesia for physical pain and distress; certainly they may evidence a silent fortitude in bearing "all the ills that flesh is heir to," which is well nigh incredible. I have seen a man with double lobar pneumonia, complicated by a purulent pericarditis (as proved by post mortem), and with a temperature of 103.2 F., attempting to eat full meals, dressed and ready for the day's routine. I have known a man with four badly fractured ribs, a fractured sternum, and a consequent surgical emphysema (accidently sustained), proceed for thirty-six hours to follow his ordinary daily habits. Hence, while you cannot depend on a complaint from the patient that he feels unwell, or that he suffers pain, it is your bounden duty to train your powers of observation as keenly as possible on every case of mental disease that you meet. A twinge in the chest region, the protest of pulmonary mischief, or a slight cough with an increased respiratory rate, may attract your attention to thoracic trouble; a restless changing of position, combined with a semiflexed thigh and slight vomiting may give you a clue to abdominal trouble, and so on through the gamut of physical disease. The point to be remembered by the nurse caring for a mental patient is that she must be ever on the qui vive to note any early signs of acute physical disorder, for her patient either cannot or will not be the one to call her attention thereto by mention of discomfort as would a sane case. If in any doubt as to whether some bodily disease is about to show itself or not, report the fact at once to the attending physician.

A word on the room which your patient should occupy. If possible, a large, airy apartment is to be chosen, remote from noise, and, most desirably, from the other members of the family. Your knowledge of hygiene and sanitation, as applied in nursing, holds good with the abnormal as well as the normal mental case. In the mental case,

however, all your watchfulness and care regarding personal hygiene should be increased tenfold, for a large proportion of insane patients are notably careless and uncleanly in their personal habits. Especially likely are the cases of acute mania, and those showing stuporous states in certain forms of acute dementia, and in any form of senile dementia, to disregard the ordinary rules of cleanliness; incontinence of urine and faeces are common, though improvement in a patient's habits can frequently be gained by the nurse seeing that opportunity for the exercise of these functions with a strict regularity is given at suitable intervals.

As to the mental requirements of your patient, I can assure you that although you are dealing with a disordered intellect, you would be wholly wrong were you to assume that in such a one, occupation and diversion would be useless as therapeutic and curative agents. In excited states associated with destructive tendencies, where the clothing is being constantly torn and articles about the room broken, an abatement of these symptoms can be confidently expected if your patient can be induced to take up some light occupation. In conditions of melancholia, too, a betterment may show itself, dating first from the time the patient engages in some simple work, which supplanted for a space his morbid thoughts; and in dementia, even of the more chronic forms, your aim should ever be to convert helpless, idle hands into busy ones. The exact kind of work or play chosen is not material, further than it should be congenial and not difficult; plain sewing, more intricate needlework, knitting, drawing, music, the lighter forms of housework, or among outdoor recreations, garden work, walking, croquet, driving, etc., all may be employed. Your own fertility of resource will choose and change from time to time, and your patient will reap the benefit. Never omit to show appreciation of any work which your patient has done at your request; a little quiet praise, without fulsomeness, is an encouragement to the befogged mind groping its way back to saner channels, just as it is to any of our more fortunate selves. One woman patient, after days of urging, from whom I had secured a promise to make candy bags at Xmas, faithfully began work and completed a number very nicely. On passing through the ward a few hours later I spoke to her, but oversight, alas, caused me to make no allusion to her work. The despatch and thoroughness with which the bags were torn up, fully equalled that shown in their manufacture, and she made no more.

The dangers to be apprehended in the care of a mental patient are worthy of full consideration, as they are in large measure preventable, when once their origin and some of the varied methods of carrying them into effect are understood.

Any case of melancholia must be considered as suicidal from the

time of its inception till convalescence is well established and all sign of despondency has vanished. The fact must be ever borne in mind by the nurse, and she must look to it that all possible safeguards shall be taken in cases manifesting depression and permit not even the mildest forms of these disorders to secure the least chance of injuring themselves. Suicidal attempts in melancholia may occur as impulses or may be premeditated and cunningly worked out; they are usually the outcome of the patient's delusions that he is too vile a person to be on this earth, or that he can no longer bear the intense mental agony that oppresses him, or that by quickly ending his life, he escapes the death by torture which is reserved for him. A point worth noting in connection with melancholiacs is that their depression is most intense usually in the early hours of the morning, while, as the day wears on and evening approaches, the veil of gloom slightly lifts. Hence it is that extra careful watch should be kept upon them during these matutinal hours. Homicidal attacks are very frequent in melancholia, and usually spring from the sufferer's delusion that those whom he seeks to kill are thus saved from a more terrible end. In purely maniacal states, attempts at self-destruction are not as much to be feared, though here injury may result from the patient's own great motor restlessness and increased muscular movement; such patients, however, may exhibit a violence to others severe enough to be homicidal in character. In certain forms of dementia, self-mutilation is not uncommon, usually in obedience to fancied commands from God (auditory hallucination). This tendency is also exhibited in melancholia at times. In paranoia, homicidal attempts are frequent, but suicide is comparatively uncommon; the murderous attacks of the paranoiac are the outcome of his delusions that he is being persecuted by others, and are generally the direct attempts on his part at reprisal.

A few instances of the suddenly executed, unexpected, and desperate attempts at suicide and self-injury or homicide made by lunatics, may serve to impress upon your minds that eternal vigilance is the price of life, both for patient and nurse. I have known a patient to suicide by breaking a glass that had contained water and was placed near his bedside, crushing it in his blanket to prevent noise, and cutting his throat with a large fragment; another patient succeeded in killing herself by swallowing the end of a sheet until there was sufficient to press upon the epiglottis and cause death by suffocation; another swallowed several needles, which eventually resulted in her attaining her end. A fatal mistake a male attendant made recently in a hospital where lunatics are cared for was, while on special night duty, to fall asleep; his charge seized the opportunity to kill him, and, taking his keys, escaped.

It goes without saying that patients with any of the above-named propensities should have no article at hand, or in the room, able to be converted to a dangerous use, but even with the utmost care, no degree of safety can be obtained to compare with the security which constant watchfulness affords. The patient should be under observation ALL the time.

In controlling an excited or agitated case, the use of mechanical restraint is to be condemned; its employment to protect a surgical patient is permissible, and then it should be withdrawn at the earliest possible moment. Patients exhibiting excitement often subside of their own accord in a few minutes, if not directly crossed and opposed by counter-violence; whereas the use of physical force only serves to further excite and enrage them. Often the maniacal excitement can be lessened by the use of the warm bath or hot pack. The continuous bath, viz., a large bath of special construction, in which the patient, although completely immersed, lies on a canvas support, and is kept for three or four hours in water at a temperature of about 105 F., is installed in all well-equipped hospitals for the treatment of mental cases.

If force should be absolutely needful, it must be exercised as gently as possible, and there must be plenty of help at hand to render it effective without risk of the slightest injury to the patient. No nurse, single-handed, should attempt its use, and before any compulsion is used it should be explained to the patient just why it is resorted to; no hint of its being used as a punishment, or abuse, can be allowed to cling to it. Fortunately, it is rarely needed, and often the mere exhibition of superior numbers will bring a ready change in the patient's turbulent attitude, for he realizes further resistance would be of no avail.

Insomnia, one of the earliest symptoms of mental disorder, and in the acute insanities, an inevitable accompaniment throughout their course, is a distressing feature. To the restoration of sleep when lost, and its improvement when markedly impaired, the nurse is to direct intelligent efforts continuously. Some of the forces she can employ to assail this foe are scrupulous attention to the bed and bedclothing; the temperature, lighting, and ventilation of the room; the hot bath for fifteen minutes at a temperature gradually raised from 90 to 105, followed by rubbing dry her patient and the administration of a glass of hot milk after the patient is in bed. Some light article of food, such as hot gruel, given when the patient retires, will sometimes suffice to induce sleep. A liberal allowance of fresh air during the day, and where the patient's strength permits, a fair amount of exercise therein, are conducive to a night of restful sleep. Failing these various simple measures, the use of drugs as the attending physician prescribes is the only recourse.

There are other points—too many of which have been omitted, I fear—well worth your attention, which should be incorporated in a paper such as this. Nevertheless, if, in some degree, your interest has been engaged in the subject of insanity, and the importance of training schools giving it a place in their curricula; if, though imperfectly, you have been given a glimpse of what lunatics and lunacy really are, rather than what public opinion, with its too often heedless misconception deems them to be, my efforts will not wholly lack success.

I thank you greatly for the honor done me in requesting that I should deliver a paper before your Association.

THE GRADUATE NURSES' ASSOCIATION OF SASKATCHEWAN.

One of the brightest and most enthusiastic gatherings attended in many a day was the annual meeting of the Saskatchewan Graduate Nurses' Association, held on the afternoon and evening of May 6th, in the Y. W. C. A. club rooms.

The objects of the Association, as enunciated in the Constitution, are "the advancement of the educational standard of nursing, the maintenance of the honor and standing of the profession, and the furtherance of necessary legislation in the interests of the public, the physician, and the nurse."

It is felt that these objects can best be achieved through the passing of a Registration Bill by the Provincial Legislature, one similar to those in force in some of the other provinces of Canada and in several States of the Union, framed for the protection of the public and at the same time fixing a dignity and uniformity to the nursing profession.

Mrs. John C. Black, President of the Regina branch, occupied the chair, between forty and fifty being present at the afternoon session, these including delegates from Prince Albert, Indian Head, Yorkton, and Medicine Hat.

Following the reading of reports, the first business of importance was the reading of the Registration Bill, drafted by Miss Cooper, of Indian Head, a registered nurse of New York, and put in legal form by a local lawyer.

The following are among the outstanding points of the Bill, which will be presented to the Legislature next autumn:

"Any resident of the Province of Saskatchewan being over the age of twenty-one and of good moral character, holding a diploma from a training school for nurses connected with an accredited hospital or sanitarium giving a course of instruction of at least three years, and possessing such other qualifications as may be required from time to time by the rules and regulations presented by the board later men-

tioned, shall receive a certificate of qualification to practise as a registered nurse, and shall be entitled to be styled and known as a registered nurse and to use the abbreviation R.N., or any other word, letter, or figures to indicate that the person using the same is a registered nurse.''

Provision is made for the nomination by the Saskatchewan Registered Nurses' Association for examiners, ten of the Board to have had at least five years' experience in their profession, and at each annual meeting thereafter two other candidates. The Department of Education of the province shall appoint a board of five members from nurses so nominated, one member of the board to be appointed for one year, one for two, one for three, one for four, and one for five. Upon the expiration of the term of office of any examiner, the Department of Education to fill the vacancy for a term of five years.

Ten dollars must be paid by each applicant, examinations to take place annually, the time and place to be arranged by the Department of Education. Applications must be in ten days previous to date of examinations. Department of Education may waive examinations on recommendations of Board and the Board shall have power to register without examination anyone registered as a professional nurse in other provinces under the laws which in the opinion of the Board maintain standards similar to those provided by the Act.

The Board shall be empowered from time to time to make orders, regulations, or laws governing the examination of applicants for registration not inconsistent with the provision of the law, and shall from time to time make rules and regulations providing for the establishment of uniform and reasonable standards of maintenance of institutions and training to be observed by all schools for nurses, and determine such as are to be placed or withdrawn from the list that shall be known as the list of accredited schools for nurses, which list shall at all times be kept on file in the office of the secretary of the said board, where it shall be open to the public at all reasonable hours, and a copy thereof shall be kept on file in the office of the secretary of the Department of Education.

The names and addresses of all registered nurses will be kept in a book by the secretary.

Revocation of certificates may take place provided due notice is given in writing of complaint.

Attempting to register by misrepresentation, etc., shall be punishable by a fine of not under one hundred dollars or over five hnudred or three months' imprisonment.

The discussion of the Bill was very ably led by Miss Jean Browne, of Regina, who in a few well-chosen words sketched the history of the Regina Association and the steps leading up to the framing of the Bill.

Emphasis was laid upon the importance of the co-operation of graduate nurses in all parts of the province and their bringing their influence to bear on the members of the Legislature of their districts.

The afternoon's discussion was brought to a close by the arrival of Dr. W. A. Thomson, a speaker of the session, who drew attention to the difficulties to be overcome in securing the passing of such a Bill. He pointed out the importance of securing the sympathy of the public, of having the public realize that in raising the standards of the nursing profession the public will be the first to benefit. A brief, technical talk on the subject of "Obstetrics" concluded his helpful address.

After a very enjoyable solo by Miss Amy Craig, afternoon tea was enjoyed, Mrs. Disbrow and Miss Turner, Superintendent of the hospital, pouring tea and coffee.

The inclement weather made a motor trip around the city impossible, and, instead, the nurses were taken directly to the Parliament Buildings, where an interesting visit was paid to the bacteriological department, Dr. Charlton, Government Analyst, being closely followed as he described the tests for determining the nature of germs and the system by which the skill of the laboratory is at the service of every physician in the province.

At eight o'clock the Y. W. C. A. club room was filled to its capacity, the chairs being arranged to afford greatest seating accommodation.

With a few appropriate remarks, Mrs. Black introduced the programme, once more asking for a reading of the Registration Bill to afford those absent in the afternoon an opportunity of becoming acquainted with its clauses.

Diversion was created by an amusing reading by Miss Dodds, the famous experience of Jerome K. Jerome in acquiring every disease but Housemaid's Knee.

Dr. Bow, M.H.O., announced as his subject one in which a group of graduate nurses would naturally be interested, namely, "Infantile Paralysis."

Attention was first called to the "new public health," the public health that differs from the old in that it deals with persons, not things; that has as a postulate, "Man himself is man's worst enemy, not his environment." Public health is now approached through aroused public opinion.

Concerning his subject proper, "Infantile Paralysis," Dr. Bow stated the first outbreak reported was in 1881. The outbreaks and steps taken in research were followed one by one to the present time. The appalling increase in cases was noted: From 1880 to 1884, 23 cases; 1890-94, 151; 1900-04, 349; 1905-9, 8,054; the more thorough reporting not being by any means responsible for the increased figures.

The disease is most prevalent in Northern Europe and the United States, more prevalent in small towns and rural districts than in cities.

It is more prevalent in countries marked by great variations in temperature; in summer than in winter. The majority of cases are children under five. There is no evidence that the disease exists among the lower animals. The germs are readily killed by very weak disinfectants, but survive low or dry temperature.

One attack brings immunity.

Three theories are advanced for transmission: (a) Contact, (b) Stable flies, (c) Air or dirt-borne.

Patients should be isolated in sparsely furnished room. Same precautions on part of doctors and nurses as in scarlet fever. Disinfection of all discharges. Boiling and disinfecting of dishes and utensils used. Protection of house against flies.

Miss Turner, Superintendent of nurses, General Hospital, was warmly welcomed as she rose to address the gathering. She dwelt upon the importance for nurses of high standards and of adaptability. The nursing profession touches the great issues of life. The nurse must minister to the sick, the sorrowful, the broken in life's battle. The troubles of patients are confided to the nurse. She must have strength endurance, and well-balanced mentality. The highest type of woman is required for the profession.

A training school alone will not turn out an ideal nurse. The public must co-operate. She is the product, not only of the training school, but also of the years previous to her entry. She must bring into a stricken household strength and consolation. She must bring to her work unselfishness, devotion to duty, and mental strength.

While formerly hospital, private, and district nursing were the only avenues open to a trained nurse, fresh opportunities are now continually presenting themselves, such as school nursing.

In conclusion, Miss Turner had some valuable thoughts on the subject of registration. It is expedient that a standard shall be raised. Patience and perseverance will be required in securing the passing of a Bill. Only by heartiest co-operation will wishes be realized. And the fullest benefit of such legislation will lie in the better protection of the public.

In moving a vote of thanks to Miss Turner, Mrs. Ellis referred to the kindness of the hospital matron in the past year in providing the association with a club room and allowing the use of her own apartment for a social hour at the close of meetings.

Delightful solos were sung by Miss Craig and Dr. Parkin, both of whom were enthusiastically encored.

Refreshments were again served, after which the election of offi-

cers for the coming year took place, Miss Turner kindly presiding over this important business:

Honorary President—Miss Turner.
President—Mrs. J. A. Westman.
First Vice-President—Mrs. Ellis.
Second Vice-President—Mrs. Adam, Prince Albert.
Secretary—Miss Shantz.
Treasurer—Miss Bolster.
Social Committee—Mrs. J. C. Black, Mrs. Moore, and Mrs. Van Valkenburg.
Visiting Committee—Mrs. W. A. Thomson, Miss McRae, and Miss Best.

In moving a vote of thanks to Dr. Thomson in the afternoon, Miss Ghent touched upon an important question, that of the service of nurses for the rural districts in families which cannot afford to pay for such services. The suggestion was made that for the sake of experience nurses might be sent out from the hospital.

Mrs. Ellis and Miss Bolster were responsible for the excellent programme, and Mrs. Westman, convener of the social committee, deserved much credit for the tempting refreshments and the enjoyable "gossip time."

Among those from out-of-town who attended were: Mrs. Adam, Prince Albert; Miss Walker, Yorkton; Mrs. Cochrane, Medicine Hat; and Miss Cooper, of Indian Head.—*The Leader.*

THE TORONTO CENTRAL REGISTRY OF GRADUATE NURSES.

The ninth annual meeting of the Toronto Central Registry of Graduate Nurses was held on Thursday evening, June 4th, at the Nurses' Club, 295 Sherbourne street, where the Registry has its headquarters. Miss C. A. Mitchell, convener of the Registry Committee, occupied the chair. There was a good attendance of members. In addition to the registrar's report, which appears here in full, there was a short report from Miss Mitchell of the work done by the Central Registry Extension Fund. A number of patients who needed skilled nursing had been cared for during the year.

Madam Chairman, Members of the Central Registry, and our Guests:

In presenting our ninth annual report, we do so with gratitude for the measure of success that has attended the work of the Central Registry.

The past has been one of progress and steady growth. Our membership at present is 471, consisting of the following graduates: Toronto General Hospital, 138; St. Michael's, 58; Grace Hospital, 46;

Toronto Western Hospital, 41; Hospital for Sick Children, 29; Riverdale Isolation Hospital, 23; St. John's, Toronto, 6; Hospital for Incurables, in affiliation with Bellevue, N.Y., 4; Free Hospital for Consumptives, Weston, in affiliation with Bellevue, N.Y., 1; Dr. Meyers, 1; Orthopedic, with post-graduate, 1; outside Canadian hospitals, 39; American hospitals, 54; from training schools in England, Ireland, and Scotland, 28; male nurses, 2.

That you may more fully understand how the work has grown in the past few years, I may mention the calls for year ending May 31, 1910, were 1,814, whereas the calls for this year totaled 4,211, an increase over last year of 533. Of these 2,726 were personal. The largest number of calls came in May, with a total of 477; the lowest in September, with a total of 256. Twenty-four patients received assistance from the Central Registry Extension Fund.

The Toronto Central Registry of Graduate Nurses' Financial Statement.

—Twelve Months Ending May 31st, 1914.—

RECEIPTS.

Balances in banks June 1st, 1913—		
Savings account, Bank of Hamilton	$1,424 02	
Current account, Dominion Bank	107 46	
		$1,531 48
Fees collected during year	$2,315 00	
Sales of charts and clips (averaging $6.54 per month)	78 45	
Interest savings account to May 31st, 1914	43 03	
		2,436 48
		$3,967 96

EXPENDITURES.

Salaries of Registrar and Assistants	$1,380 00	
Rent, 12 months, to May 15th, 1914, two rooms at Club-house	300 00	
Expense of annual meeting, June, 1913—		
Catering	$32 00	
Orchestra	12 00	
Extra help	2 00	
		46 00
Telephone, service to June 30, 1914	$69 00	
Telephone, long-distance tolls	7 15	
		76 15
Advertising, quarter-page, The Canadian Nurse, to June 30, 1914	25 00	
Do., The Canadian Nurse, re annual report	5 00	

Printing, 500 lists of registry members (booklets)..		37 00
Do., 'phone pads		7 50
Stationery and office supplies		16 15
Postage		19 25
Railway Guide, 12 months		5 20
Audit, report and books; one year to 31/5/13		15 00
Charts and temperature sheets		31 00
City Directory		10 00
Contributions to charitable objects—		
Extension Fund, annual amount	$300 00	
Ludhiana Mission Hospital	25 00	
Christmas cheer, six local charity funds	30 00	
Sundry items	14 15	
		369 15
Gratuity to Mr. M. H. Ludwig, K.C.		25 00
Balances May 31st, 1914		$2,367 40
Cash on hand	$ 16 30	
Savings account, Bank of Hamilton	1,467 00	
Current account, Dominion Bank	117 21	
		$1,600 56
		$3,967 96

MARGARET EWING, Treasurer.

The amount of overdue fees at this date appears to be $140.00.

I have examined the vouchers, cheques, bank books, cash books, and fee book of the organization, and certify that above statement is in agreement therewith.

T. W. ELLIS, Auditor.

Toronto, June 2nd, 1914.

As a means of keeping the Registry before the medical profession, a small book, containing the names of every member, was printed and distributed.

To the nurses we desire to express our appreciation of their faithful service, and sincerely thank those who so kindly responded when called (though they had not reported for duty). Had they not done so, we would have had many unanswered calls, the past month having been such a busy one.

A number of our nurses have secured hospital positions in Dawson City, North Bay, Cobalt, New Liskeard, Augusta, Florida, Newburgh, N.J. Next week one leaves for Ashcroft, B.C. Several have accepted positions in this city.

We regret having to record the death of two of our members—Miss Mary Tipping, graduate of the Toronto General Hospital, and Miss Foley, graduate of St. Michael's. We extend our sympathy to

those who have been bereaved, also to those who have suffered illness. We are sorry to say one is still in a serious condition.

Our very best wishes follow the 21 who have been married since our last annual meeting. Our thanks are due, as in previous years, to the ladies in charge of the various nurses' homes who have so kindly given us their support and encouragement. We are, indeed, fortunate in having Miss Mitchell still with us as convener, to whom, with the members of our committee, we are truly grateful for wise counsel and assistance, which was always so willingly and graciously given. It is our earnest desire to combine loyalty and efficient service in our every effort for the welfare of the Central Registry.

Respectfully submitted,

MARGARET EWING.

The Central Registry Extension Fund—Treasurer's Report.

RECEIPTS.

By Balance, June, 1913	$630	94
Receipts to June 4 ,1914	381	00
Interest	15	12
	$1,027	06

DISBURSEMENTS.

To printing reports	$ 10	00
Supplementing 26 nurses' fees	446	25
Balance June 4, 1914	.57	81
	$1,027	06

BELLA CROSBY, Treasurer.

June 4, 1914.

I have examined the cash book, bank book, and vouchers, and certify that this statement is in agreement therewith.

T. W. ELLIS.

June 1st, 1914.

A REORGANIZED DEPARTMENT IN TORONTO.

The Public Health Nurses of the Department of Public Health in Toronto have been increased to thirty-two for the four summer months, in order to assist in preventing the unnecessary waste of infant life during the hot weather.

In February of this year, the Tuberculosis and Child Welfare groups of nurses under the Department of Health were combined to form the division of public health nursing. The nurses were divided into three groups, each group having an office and a supervisor, who reports to the central office in the City Hall. In this way, the entire

city is covered and each nurse has a definite area in which she is responsible for health and sanitary instruction. The nurse takes charge of infant welfare and tuberculosis clinics in her section, although a supervisor of baby consultations and a supervisor of tuberculosis clinics are provided in order to maintain a certain uniformity of methods throughout the city, and in order to guarantee to the physicians (who must of necessity be specialists) that intelligent knowledge of their wishes, which is essential to the successful operation of clinic work. The orders given in the clinic are transferred promptly to the district office and through it to the nurse already acquainted with the home.

The filing system in the three district centres is based on the principle that the family is the unit in health visiting. A heavy card bears the names of all members of the family and a few essential data. Filed behind this card are histories as the need may arise in that family —tuberculosis, pre-natal, infant welfare, children, contagion, miscellaneous or social. Each individual history bears the number of the family record.

The organization of this department is of interest, since it is a demonstration of the possibility of providing one health instructor for each home and at the same time meeting the requirements of the highly-specialized work of physicians engaged in preventive medicine.

CORRESPONDENCE

To The Canadian Nurse:

In the British Journal of Nursing, May 9th, you will find a programme of subjects to be treated at our congress in 1915, and we are asking our affiliated countries to select from this list not more than five of the subjects which are especially close to its interests, and also to select the women to write papers on these subjects. It is thought that in this way each country can have the most freedom in treating of what seems to it most important. The papers should be limited to ten minutes' time, and, also, we cannot promise that each one will be *read*, but all will be printed, and, so far as possible, each one will receive a place in the programme, preference, of course, being given to those who are present in person to read their papers.

As we expect to divide our sessions into sectional meetings, to some extent, we hope to have time to consider a large variety of subjects.

I will be obliged if you notify me as soon as you can what papers we may expect from your country, and, when possible, the names of

those who will write them, so that we may go ahead with getting the whole programme into order. So, to sum up:

1—Each affiliated country may contribute not more than five papers.

2—Papers to be not more than ten minutes' reading length.

3—Subjects and writers to be selected by the National Association.

Hoping this is satisfactory to you, I remain, as ever,

Sincerely yours,

(Signed) L. L. DOCK.

P.S.—We may also invite some special papers, and will probably have more than five ourselves, as the Congress is here, and all our National Societies are merging their annuals into it.

Los Gatos, Calif., May 29,1914.

To The Canadian Nurse:

The Exposition Officials have granted space to the International Nurses' Association for an exhibit, to be maintained during the entire life of the Panama Pacific International Exposition, to be held in the Educational Building in San Francisco from February 20th to December 4th, 1915.

What has your country to exhibit that would be of interest to the profession and to the public?

The story we are required to tell must represent what the nurse of the past was, what the nurse of the present is, and what the nurse of the future shall be. One of the ways which we wish to do this is by having three dolls dressed, not over two feet high, from each country representing—

1—The costume worn by the first nurses of your country.

2—The costume in use to-day.

3—The costume that your country suggests as the ideal costume of the future. The dolls are to become the property of the International Nurses' Association.

Cash prizes will be given to the nurse sending the best and second best inventions.

All the exhibit material must be in hand by December, 1914. Will you please take this matter up at once, signifying your intention to enter the three dolls from your country. Also, your desire to submit other exhibit material.

Yours sincerely and fraternally,

HELEN C. CRISWELL,

Chairman 1915 Committee.

Editorial

OUR SPECIAL NUMBER.

Plans were carefully made in good time to make our July issue a special Registration Number, each Provincial Association being asked to be responsible for two papers on "Registration for Nurses." It was thought that in this way the subject would be fully discussed, and each association helped by the interchange of ideals and plans, and all enthused to greater and more united effort in seeking to secure Registration.

That we have had to change our plans is evident. The necessity for this at the last minute was the failure of so many to have their papers in the Editor's hands by the time specified. As only Nova Scotia, New Brunswick, Saskatchewan, and Alberta had responded, the only alternative was the postponement of our special number till August.

May we hope that all the papers will be ready in good time, so that there may be no further delay.

THE CANADIAN NURSE

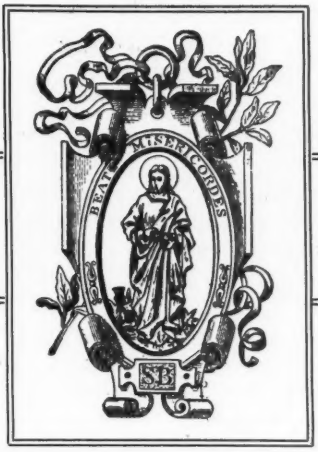
The Canadian National Association of Trained Nurses is endeavoring to formulate plans by which it will assume the ownership of our national magazine, The Canadian Nurse. This will be a long step forward for the National Association, indeed, we may say, the first step which really stamps the Association as National.

Since the inception of the magazine the Editorial Board has courageously persevered with its herculean task because of the visions and hopes for the future tenaciously held. One was that Canada would have a National Association and so be enabled to take its rightful place in the International Council; and another, that the National Association would become responsible for the management of The Canadian Nurse.

Canada has had its National Association since 1908 when the Provincial Association was organized in Ottawa. The permanent organization was accomplished at the first Triennial Meeting, in 1911, at Niagara Falls, Ont.

Now the Association has reached the place where it is ready to discuss plans for taking over The Canadian Nurse. This all goes to show that the Editorial Board did not hold to visions and hopes that were idle and useless, but have been true prophets, and, like true prophets, they welcome the realization of these visions and hopes.

The Guild of Saint Barnabas



CANADIAN DISTRICT

MONTREAL—St. John Evangelist, first Tuesday Holy Communion at M. G. H., 615 a.m. Second Tuesday, Guild Service or Social Meeting, 4 p.m. Third Tuesday, Guild Service at St. John's, 8.15 p.m. Last Tuesday Holy Communion at R. V. H., 6.15 a.m.
District Chaplain—Rev. Arthur French, 158 Mance Street.
District Superior—Miss Stikeman, 216 Drummond Street.
District Secretary—Miss M. Young, 36 Sherbrooke Street.
District Treasurer—Miss F. M. Shaw, 21 Sherbrooke Street.

An extract from a letter by E. B. G. in Misercordia will be of interest:

Dear Father Russell,—I think you will like to know that I have lately returned from Nice, where I visited dear Miss Antrobus' grave in Caucade Cemetery. The cemetery is beautifully situated, high up above the town, with a wonderful view of the blue sea far below, and mountains beyond, which were snow-capped just then. It was a brilliantly fine day, and I sat and basked in the sun, and watched the bees and the lizards, and such quantities of flowers in bloom.

Miss Antrobus loved Caucade, and used to drive there from time to time, as many of her old friends are buried there; and quite lately one of her oldest Nice friends has been laid at rest in the next grave to hers. There are pansies planted on her grave, and I filled two large vases with pink and white stock. The inscription on the marble cross is:

"In loving memory of Susan E. Antrobus, Foundress, and for 36 years Superior of the Guild of St. Barnabas for Nurses. Born December 31, 1837. Died January 2, 1913. 'Beati Misericordes Quoniam ipsi Misericordiam Consequentur.'"

THE GRADUATE NURSES' ASSOCIATION OF ONTARIO.

(Incorporated 1908.)

President, Mrs. W. S. Tilley, 157 William street, Brantford; First Vice-President, Miss Helen N. W. Smith, 559 Concession street, Mountain, Hamilton; Second Vice-President, Miss Morton, Superintendent Collingwood General Hospital; Recording Secretary, Miss I. F. Pringle, 310 Brunswick avenue, Toronto; Corresponding Secretary, Miss Jessie Cooper, 30 Brunswick avenue, Toronto; Treasurer, Miss Julia F. Stewart, 12 Selby street, Toronto. Directors: Miss Mathieson, Superintendent Riverdale Hospital, Toronto; Mrs. W. E. Struthers, 558 Bathurst street, Toronto; Miss M. Ewing, 295 Sherbourne street, Toronto; Miss Jean C. Wardell, R.N., 290½ Dundas street, Toronto; Miss Jessie M. Robson, 45 Dundonald street, Toronto; Mrs. Clutterbuck, 148 Grace street, Toronto; Miss J. G. McNeill, 52 Alexander street, Toronto; Miss C. E. De Vellin, Alexandra Apartments, University avenue, Toronto; Miss O'Connor, St. Michael's Hospital, Toronto; Miss E. J. Jamieson, 23 Woodlawn avenue east, Toronto; Miss E. M. Norris, 82 Isabella street, Toronto; Miss Kinder, Hospital for Sick Children, Toronto; Mrs. George Nichol, Cataraqui; Miss Allen, 3 Classic avenue, Toronto; Miss Agnes Boyd, 59 Avenue road, Toronto; Miss G. L. Rowan, Superintendent of nurses, Grace Hospital, Toronto.

The monthly meeting of the Executive was held on Wednesday, May 27, 1914, at the Nurses' Club, 295 Sherbourne street, Toronto. There were seven members present, Mrs. Tilley in the chair.

The treasurer reported for the year ending May 24, 1914: Balance from last year, $561; receipts for the year, $311.78; disbursements, $584.90; balance, $287.88.

A letter from Hamilton Chapter re the representative to the executive meeting was referred to the committee on revision of constitution and by-laws.

The President of the Kingston Alumnae asked that application forms be sent to twenty-four nurses.

The report of the scrutineers appears at top of page in new list of executive.

The programme for the annual meeting to be held in September next is now being prepared, and promises to be a good one.

Some seventeen years ago the Women's Institute Movement in Canada was inaugurated, and it has kept on growing in importance each year. Every province now has its institutes, banding together the thinking women of the country districts, who are doing splendid welfare work in their various communities.

The Saskatchewan Institutes—known as the Homemakers' Clubs of Saskatchewan—held their annual convention in Saskatoon, May 26th to 29th. Between one hundred and twenty-five and one hundred and fifty delegates attended. The meetings were held at the university, and the opening addresses of welcome delivered by President Murray and Dean Rutherford. The programme was a very varied and interesting one. Excellent papers were presented on: "Environments," "Poultry for Profit," "First Aid to the Injured," "Child Training," "Co-operative Marketing," "Our Opportunities," "The Highworth Club Room," "The Fruit Garden," "District Nursing," "Trees, Shrubs, and Flowers," "School Gardening," "Home and School Sanitation," "The Trend of Modern Education," "Educational Value of Dramatic Training," "Principles Underlying Soil Management."

The chief superintendent of the Victorian Order attended the convention by invitation, and delivered an address on the Victorian Order of Nurses, with special reference to the country side of the work. A very full discussion followed, and it was a treat to hear the able way in which the discussion was carried on, and the many leading questions that were asked.

The superintendent has promised to visit many of the districts when in the West again in August, with a view to organizing country district nursing branches.

This country work has in it wonderful possibilities, and with the intelligent and hearty co-operation of the members of these clubs a great deal of splendid welfare work should be the result.

THE CANADIAN NURSES' ASSOCIATION AND REGISTER FOR GRADUATE NURSES, MONTREAL.

President—Miss Phillips, 43 Argyle Ave.

Vice-Presidents—Mrs. Petrie and Miss Dunlop.

Secretary-Treasurer—Miss Des Brisay, 16 The Poinciana, 56 Sherbrooke Street West.

Registrar—Mrs. Burch, 175 Mansfield St.

Reading room—The Lindsay Bldg., Room 319, 517 St. Catherine St. West.

THE CARE OF THE FEEBLE-MINDED.

By G. S. MUNDIE, M.D. Montreal.

When I speak of the feeble-minded I employ the term as it is understood on this continent, to include all cases of mental defect. In England they use the term "feeble-minded" to designate the highest grade of those mentally defective, but in America the term "moron" is used. We thus have three grades of feeble-mindedness—idiot, imbecile, and moron.

Idiots are those so defective that the mental development never exceeds that of a normal child of about two years.

Imbeciles are those whose development is higher than that of an idiot, but whose intelligence does not exceed that of a normal child of about seven years.

Morons are those whose mental development is above that of an imbecile, but does not exceed that of a normal child of about twelve years.

Besides these three classes, I would include those children who are backward in school, who need special training and attention to make them equal to children of their own age.

The first important point in the treatment of the feeble-minded is a correct diagnosis. This is often an easy matter, but, again, it may be very difficult. Cases that seem very defective may not be so, and there are those who, to an ordinary person, may seem smart and clever

are really very defective. The examining physician has to postpone giving his diagnosis in many borderland cases; but I wish to decry the practice of many laymen and, I am sorry to say, many physicians who pacify the parents of a feeble-minded child by telling them that he or she will grow out of it. Feeble-mindedness is a defect of the brain, not a disease, and, therefore, there is no cure for it, although the child's condition may be greatly improved. A child with a mentality of six years can never be made to have the mentality of twelve years.

As to the causes of feeble-mindedness, I shall say very little, except that seventy to eighty per cent. of the cases can be traced to heredity. There are cases where there is apparent feeble-mindedness, but when certain defects as correction of vision or hearing are remedied the child rapidly becomes normal. This brings me to the first step in the case of these unfortunates, i.e., medical and surgical treatment. Every child should have a thorough physical examination in order to make sure that vision, hearing, and other senses are normal. Enlarged tonsils and adenoids should be removed.

For the backward children every community should have special classes in the Public schools, and these classes would serve as a clearing-house for those who were only backward and those who were really feeble-minded.

Institutional life is essentially for the feeble-minded. The danger with them is that in a body which has the passions of a man or woman there is the mind of a child. The institutions should preferably be built on the cottage plan, with about twenty or twenty-five persons to a cottage. They should be built in the country and surrounded by enough land for farming and other industrial pursuits. The land need not be the best farming land; it may be rocky and covered with trees, as the feeble-minded man is often physically very strong, and under suitable guidance will soon make the land productive. It should be the aim of these institutions to be practically self-supporting. All the necessary garden produce, milk, beef, eggs, etc., should be raised by the inmates. They make splendid gardeners, dairy workers, poultry-raisers, and cattle men. All they need is friendly help, a smile and encouragement now and then, and somebody to keep them from working too hard. Happiness is the keynote of success with them. Make them happy, encourage them, give them every chance for imitation, and you will never want better workers. They can also be taught to make their own clothes, even weave the cloth, make their own boots and all the furniture needed around the institution. The girls make excellent laundry workers, housemaids, and even take care of the poultry and work in the garden. The whole object is to give them work according to their mental age. They cannot think for them-

selves, but by imitation and constant repetition they do work that to an ordinary person would seem impossible for a feeble-minded person to do. In order to make them happy, they must have plenty of outdoor and indoor amusements, military training, and music. Many of these people become expert musicians under proper instruction.

The high-grade moron who has a mental age of about ten years may be allowed out if kept under careful supervision, but even he cannot judge and think for himself on all matters, and, therefore, must have someone to do it for him. All the other classes of feeble-minded should be cared for in institutions, and as their ties of affection with their parents are not very strong, the separation is not very severe on either party.

The question of the feeble-minded is daily becoming recognized as a serious menace to the stability of the State. Our insane and tuberculous population is well looked after, but when we know that the feeble-minded mother or father may bring children into this world who may become insane and tuberculous as well as mentally defective, we realize what a great danger there is to face. It has been estimated that one in every 500-700 persons in the United States is feeble-minded. If we take this as a basis for estimating the number in Canada and know that they are roaming at large, it shows that the time is not far distant when we will have to grapple with its solution.

HOSPITALS AND NURSES.

British Columbia.

Miss M. McKay (V.G.H.) has gone to Port Moody, B.C., to take charge of a hospital there, which has been opened by Dr. C. Cartwright.

The main building of the Royal Columbian Hospital, New Westminster, was in danger when a fire broke out in the laundry building, a short distance from it, on May 13th. The firemen prevented the blaze from spreading, however, and the most serious damage was a hole in the roof of the laundry.

Miss Lamont, a graduate of the Royal Victoria Hospital, Montreal, has been appointed by the Presbyterian Board of Social Service, Toronto, to work in Fernie.

Victoria Nurses' Club

Victoria Nurses' Club held their regular monthly meeting Monday afternoon, April 6th, Miss E. H. Jones, president, in the chair. Routine business was transacted. Refreshment, floor, and decoration commit-

tees were formed for our annual dance, which takes place Easter Monday, April 14th.

A letter was read from Miss Breeze, secretary-treasurer Graduate Nurses' Association of B. C., acknowledging our offer of twenty-five dollars towards the expenses of a delegate to the Canadian National Association Convention at Halifax. A sick benefit of $25 was voted to one member, who was ill last month. The meeting adjourned.

Miss Eveleigh (V.G.H.) has accepted the position of assistant superintendent of the Nanaimo General Hospital. Miss Eveleigh will begin her new duties about the 1st of June.

Miss Louise and Miss Agnes Wickham, who have charge of the Mission Hospital at Lytton, B.C., are planning to take a month's holiday in Saskatchewan. Miss Agnes Campbell, who has been doing private nursing in Vancouver, will take their place.

Miss Jessie Scott, who for some time has been superintendent of the Royal Columbian Hospital, is leaving the first of June to make an extended visit in Alberta. Miss Scadding, night matron of the same hospital, is also leaving at the end of this month, and will visit with friends in Oregon before leaving with Miss Gray for Toronto.

Alberta.

We are having a "Better Babies" contest in Calgary at the Industrial Exhibition this year on the lines adopted by the Women's Home Companion Bureau. There was such a contest at Vancouver last year, when about 1,000 babies were examined.

We think the contest will be beneficial to the health of our province, because it will start the heads of families thinking and working to give the babies a chance to be normal.

The Manitoba Association Of Graduate Nurses.

At the annual meeting of the M. A. G. N., the following were elected to serve on the board: President, Mrs. A. W. Moody; Recording Secretary, Mrs. Willard J. Hill; Corresponding Secretary, Miss C. A. Cotter; treasurer, Miss B. Andrews; members, Misses I. K. Bradshaw, E. Beveridge, F. Wilson, Annie Starr, C. M. Hood, A. S. Rathbone, A. I. Laidlaw, E. Butler. The secretary reported three board meetings and nine regular monthly meetings of the association, of which three were social. The treasurer's report showed that expenses were much heavier than usual, but also a credit balance in the bank, for which we are truly thankful. A very hearty vote of thanks was tendered the retiring officers. After a short address by the president-elect, the

meeting adjourned. A board meeting followed immediately afterwards.

Miss A. S. Rathbone has resigned her position at Ninette Sanatorium after a period of two years. On May 2nd she sailed from New York for England. After a short holiday there she expects to visit Switzerland to see what is being done there in the tuberculosis campaign. Before going to Ninette, Miss Rathbone had charge of the anti-tuberculosis nursing in Winnipeg. She expects to visit many places of interest before returning. Her successor has not been appointed.

The city health department has taken over the two nurses formerly engaged by the Anti-Tuberculosis Society. In future Miss Champion and Miss Wilkie will work directly under the medical health officer, Dr. A. J. Douglas, and have their office in the department of infectious diseases. They will have the authority of sanitary inspectors. Two more nurses have been added to the staff, and there are at present four Child Welfare nurses under the city health department. They have their office at the milk depot headquarters on Martha street.

Miss Attrill, W.G.H., '09, has resigned her position as charge nurse of the isolated wards, W.G.H., and accepted a position as Welfare nurse, city health department. Miss Wilkins, W.G.H., '07, has accepted the position vacated by Miss Attrill.

Miss Alisett was the other nurse recently appointed by the health department.

Mrs. Cochrane has recently completed a six months' post-graduate course in the Children's Hospital, Winnipeg, and returned to Regina to do private nursing.

Miss E. Birtles, superintendent of nurses, Brandon General Hospital, was a visitor in Winnipeg in March.

The first examination to be conducted by the University of Manitoba according to the bill respecting registered nurses will be held in Winnipeg, September, 1914.

Ontario.

The third annual meeting of St. Joseph's Hospital Alumnae, London, was held in the lecture hall of the Nurses' Home on the evening of May 14th.

Election of officers as follows: President, F. Rankin; First Vice-President, Mrs. Cheyne; Second Vice-President, Miss V. Fotheringham; Treasurer, Mrs. Forristal; Corresponding Secretary, Miss H. Woolson; Recording Secretary, Miss G. McGinnis; Executive Committee, Mrs. J. Nolan, Mrs. W. Tighe, Mrs. Dr. Glynn, Miss J. King, Miss G. Brown, Miss E. McMahon. Owing to the absence of the president, Miss Rankin, first vice-president, Mrs. Tighe, presided. Refreshments

were served in the nurses' dining hall, and the meeting closed.

The graduating exercises of the class of 1914 of the training school of St. Joseph's Hospital, London, was held in St. Peter's Hall on the evening of May 15th.

The spacious hall, decorated in the school colors, yellow and white, was crowded to the doors with friends of the twelve young ladies, who had their diplomas conferred upon them.

Miss G. McGinnis, in a well-worded and very ably rendered valedictory, extended a hearty welcome to the audience, and gave a brief outline of the standpoint of mien she and her associate nurses had of the nursing profession, concluding by thanking all for the kind interest they had taken in them, especially the lecturing staff of medical men, who had contributed so much to their theoretical knowledge.

Dr. E. Hodgins occupied the chair, and in a brief address replied to the valedictory, exhorting the graduates to live up to the standard they had been taught by their Alma Mater.

Monseigneur Aylward, in the absence of his Lordship Bishop Fallon, presented the diplomas, and Mayor Graham, the medals, after which they, with Colonel Gartshore, of the board of Victoria Hospital, briefly addressed the audience.

Miss K. McLaughlin rendered a beautiful solo, and the programme was closed with the National Anthem, and all repaired to the tea rooms, which were tastefully decorated in yellow and white, for refreshments.

The remainder of the evening was spent in an informal dance.

The graduates are: B. Hartleib, G. McGinnis, M. McDonald, B. MacKinnon, E. Moyer, E. Taggie, I. Menhenick, V. Simpson, E. McMahon, M. Cleary, A. Spafford, M. Boles.

The graduating exercises of the 1914 class of the G. and H. Hospital, Owen Sound, took place on the evening of May 13th, when diplomas were conferred upon six nurses—Misses Tipper, Hewitson, Brown, Sword, McInnis, and Hambly.

Mr. Fred Harrison, president of the hospital board, presided. Addresses were given by Mr. William Breese, warden of the county; Dr. Middlebro, Dr. Rutherford, Dr. Hershey, Mayor McQuaker. The retiring superintendent, Miss M. M. Redmond, gave an interesting report of the year's work, which was most satisfactory.

The diplomas and pins were presented by Mrs. Merritt and Mrs. Hay after the nurses had taken the Hippocratic oath. These ladies also presented the gifts of Dr. G. S. Burt. Beautiful bouquets of Richmond roses, carnations, and sweet peas were presented to the graduates by Misses Gladys Middlebro, Dora Hershey, and Emma Danard. Musical numbers were rendered by Miss Robertson, Miss Fleming, Mr.

R. Legate, Mr. W. Thomson, and Miss Thomson.

A pleasing feature was the presentation to Miss Redmond by Dr. Middlebro, on behalf of the board and doctors, of a handsome club bag with ivory fititngs.

Refreshments and music closed a very interesting evening.

On May 12th a very interesting event took place in Owen Sound Hospital, when the pupil nurses presented a handsome electric reading lamp to Miss Redmond as a token of their loyalty and esteem. The best wishes of the nurses go with Miss Redmond.

Miss Edge, graduate of Grace Hospital, Toronto, sailed for England in May, and will remain there for two or three months, visiting friends.

Miss Clara Cunningham left Toronto on May 5th for Saskatoon, where she expects to remain for several months.

Grace Hospital graduating exercises were held on the evening of June 4th in the Metropolitan Assembly Hall, College street. Sir John Willison delivered a very appropriate address to the graduating class. Lady Willison presented the diplomas and pins.

Dr. R. Griffith presented the Van der Smissen medal to Miss Oatman. The staff doctors showed their appreciation of the three years' work done by the class by presenting each with a case of instruments. Mrs. R. Wood made these presentations. Other prizes were awarded the first and second-year pupils. A reception and dance followed the exercises.

The graduating exercises of the 1914 class of the County of Carleton General Protestant Hospital Training School for Nurses were held on the afternoon of June 3rd, in the Lady Stanley Institute. Lieut.-Col. J. W. Woods, president of the board of directors, occupied the chair. Rev. A. W. MacKay gave the invocation. Mrs. W. C. Perkins, president of the Ladies' Auxiliary, presented the diplomas after the class had taken the Florence Nightingale Pledge. Dr. R. E. Webster addressed the class.

Mr. D. Hossock presented the special prize, a nurse's kit, to Miss Jean Lough, for taking highest marks.

The programme was brought to a close with a most helpful and inspiring address by Rev. J. Thackeray, who showed that the development of medical science is a great factor in connection with Christianity, and dwelt upon the influence of the Christian nurse.

All of the speakers referred most appreciatively to the good work being done by Miss Catton, the superintendent. To her excellent methods and to the assistance given her by her assistant, Miss Hamilton, and her capable staff, the high standard attained in this training

school is due. After the graduating exercises all adjourned to the lawn, where a large marquee had been erected, and there tea was served. Mrs. Dennis Murphy and Mrs. John McKinley presided at the table, which had for decoration a huge bowl of sweet peas.

During the afternoon Mrs. Perkins and Miss Catton were presented with exquisite bouquets of American Beauty roses, the former being the gift of the board of directors, and the latter of the graduating class.

The graduates are: Mabel Stewart, Eliza Finlayson, Laura M. MacDermid, Jean M. Lough, Jean M. McCallum, Catherine H. Pridmore, Frances E. Ellwood, Mabel M. Hunter, Eva M. Macdonald, Helyn Skinner, Elsie B. Dixon, Sadie Dickey, Esther M. McCreary, Dorothy V. Miles, Adeline Noffke, Norma E. Dawson.

The exercises were followed by a dance in the evening, which was held in the spacious lecture hall of the Lady Stanley Institute. The Guards' band supplied the music. The evening was pleasantly cool, which contributed to the comfort of dancing, and all present thoroughly entered into the spirit of the occasion, and unanimously voted the 1914 graduation "the best ever."

On May 8th graduating exercises took place at St. Michael's Hospital, Toronto. The hall was tastefully decorated. Nineteen nurses received their medals and diplomas. On the platform, in the absence of our beloved Archbishop, who is abroad, was Vicar-General Monseigneur McCann; members of the staff including Drs. McKeown, Drayer, Bruce, Bingham, Anderson and Bruce Smith, Inspector of Hospitals. Also among the clergy were Rev. Fathers Burke, Roche, Whalen and Minehan.

Excellent advice was given to the young nurses, who are about to leave their Alma Mater, as to the dignity and sacredness of their profession. Then dainty refreshments were served. A number of the outside graduates were present.

In the evening Dr. Walter McKeown entertained the graduating class at his home, in his own generous manner. Dancing was indulged in, bringing a memorable day in their lives to a happy close. Following are the names of the new nurses:

Katherine Keaney, Margaret O'Connor, Eva Grogan, Clara Currie, Elizabeth Hench, Caroline McBride, Margaret Wetherall, Mable I. Dyce, Catherine McDonald, Dorothy A. Sharples, Helen Sibbald, Ida McQuillan, Eva Dunn, Bertha Cunningham, Gertrude Mulvaney, Margaret McEvoy, Frances C. Slominska and Agnes Chalmers.

Miss Rose Casserly, graduate of St. Michael's Hospital, Toronto, is taking a course in anaesthetics at Mayo Brbs., Rochester.

Miss Delia Provencher, St. Michael's Hospital, is again in Toronto.

On May 20th an evening of "Song and Story" was given in Recital Hall, Canadian Academy of Music, by Mr. Stanley Adams, ably assisted by Miss L. Auger and Miss W. Lanceley. Proceeds were for "Heather Chapter."

In May last a very successful "Bridge" was held, and $48 realized, which will be given to the "Heather Chapter." The hostesses were Mrs. Lalonde, Mrs. Corrigan, Mrs. Warren and Mrs. McGuire.

The Alumnae of St. Michael's Hospital held their May meeting (last of the season) at the home of Miss Stubberfield, 1 St. Thomas street. Miss Dyke very kindly complied with our request and came to tell us about her work. Her address was most interesting and thoroughly enjoyed. Following refreshments, Miss A. Dolan favored us with several pretty songs.

The people of Comax and surrounding towns on the Island of Vancouver gave a public reception to Reverend Mother Irene, Superior-General of the Sisters of St. Joseph, Toronto, on the 14th inst., which was as impromptu as it was hearty and effusive. The Sisters from this House have charge of St. Joseph's Hospital at Comax. The doctors connected with the institution, the mayor of the town, the Catholic priest and Protestant clergymen, the citizens, without regard to religious division, and the ladies gathered in Lakeview Park, where an arch and pavilion were erected and a rousing reception given to the visiting Superior and her companion. The good lady was very averse to the honor, but could not escape it. The mother of a prominent doctor presented the people to the visitors. There were expressions of amity on both sides. The people said they were proud of their hospital and would do all they could for it; the Sisters promised the best service they could render. Altogether it was a most pleasant occasion. After the reception, tea and refreshments were served, and music lent its charm to the delightful scene.—B.C. Visitor.

The Graduate Nurses' Association of Thunder Bay District met in McKellar Nurses' Home, Port Arthur, Ont., on June 4th. An interesting paper on "Massage" was given by Miss Turner. Afternoon tea was served and a social half hour enjoyed. The next meeting is in September.

Miss Mackenzie, Superintendent of the Victorian Order, made a short visit in Port Arthur on her return trip from Saskatoon to Ottawa.

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THE INTERNATIONAL COUNCIL OF NURSES

Wednesday, May 19th:

Leave New York 10:00 a.m., en route through the states of New Jersey and Philadelphia.

Arrive Philadelphia 12:00 noon.—Lunch provided.

Leave Philadelphia 12:05 noon.

Arrive Baltimore 2:05 p.m.—Opportunity to visit the Johns Hopkins Hospital.

Leave Baltimore 5:45 p.m.

Arrive Washington 6:30 p.m.—Accommodation provided at Hotel Congress Hall on American plan, beginning with dinner.

Thursday, May 20th:

At Washington.—Trip provided by steamer down the Potomac River to Mt. Vernon, the home and burial place of Washington. Also sightseeing tour, visiting the White House, Pan American Building, the Capitol, Congressional Library, the Treasury, Bureau of Printing and Engraving, the National Museum, old and new. Eight of the most interesting buildings in Washington.

Friday, May 21st:

Leave Washington 10:00 a.m.—Pullman tourist cars provided from Washington to San Francisco. Lunch and dinner provided en route. Soon after leaving Washington the train plunges into the Alleghany Mountains, through a country full of history; many of the battles of the Civil War being fought here. The scenery is equal to any in the United States. Passing through the states of West Virginia, Maryland, Pennsylvania, and Ohio, stopping at Pittsburg from 6:35 to 6:50 p.m.

Saturday, May 22nd:

Arrive Chicago 8:15 a.m.—Meals provided at the Great Northern Hotel. Sightseeing trip provided, visiting the public parks, residential, and business centers.

Leave Chicago 10:00 p.m., via Atchison, Topeka & Santa Fe R. R.

Sunday, May 23rd.

En route through Illinois. All meals provided, Chicago to Grand Canyon.

Arrive Kansas City 11:00 a.m.

Leave Kansas City 11:30 a.m.

Monday, May 24th:

En route through the great grain fields of Kansas, stopping at Albuquerque, New Mexico, about 7:00 p.m., to inspect the collection of Indian and Mexican relics displayed at the Hotel Alvarado.

Tuesday, May 25th:

Arrive Grand Canyon 10:40 a.m.—Meals provided at the Bright Angel Camp. The Grand Canyon is a gorge, 217 miles long, 13 miles wide and one mile deep, through which flows a great river with many storm-born tributaries. Fifteen yards from the Bright Angel Camp is an exact reproduction of the curious stone abode dwellings of the Hopi Indians, together with several Navaho hogans. In the Hopi House live a small band of Hopis, without exception the most primitive Indians in our country. Their ceremonies are hundreds of years old, the most famous being that of the snake dance, which they perform most every night.

Wednesday, May 26th:

Leave Grand Canyon 8:55 a.m.

Thursday, May 27th:

Arrive Los Angeles 7:30 a.m., visiting San Gabriel Mission, Ostrich Farm, including admission to both; orange groves, Pasadena, and the foot hills and valleys in the surrounding country.

Leave Los Angeles 5:15 p.m.

Friday, May 28th:

Arrive El Portel 11:00 a.m.—This is the southern and main entrance to Yosemite Valley. Stages will convey the party through the Valley. Meals and lodging provided at hotels at El Portel, Yosemite, and Wawona. The grove of Big Trees will be visited, near Wawona. These Big Trees rank among the wonders of the world. They are from 250 to 300 feet high and 50 feet in circumference, and are said to be older than the Pyramids.

Saturday, May 29th:

Leave El Portel 9:00 p.m.

Sunday, May 30th:

Arrive San Francisco 8:20 a.m.—Accommodations provided at the Inside Inn, European plan, located on the Exposition Grounds.

Sunday, May 30th, to Wednesday, June 9th:

In San Francisco.

Wednesday, June 9th:

Leave San Francisco 9:30 p.m.—Pullman tourist sleeping cars provided to Niagara Falls.

Thursday, June 10th:

Breakfast, lunch and dinner provided. En route through Nevada.

Friday, June 11th:

Arrive Salt Lake City 7:00 a.m.—Breakfast and lunch provided at the Hotel Semloh. Side trips provided to Saltair beach, Utah's Coney Island. It is located on the Great Salt Lake, the waters of which are one-third salt. Visit will be made to the Tabernacle at 12:00 noon, to view the same and attend the organ recital given daily. Leave Salt Lake City 5:00 p.m. Dinner provided en route, via the famous Denver & Rio Grande R. R., the scenery over which is equal to any in the world.

Saturday, June 12th:

Breakfast and lunch en route, over the Continental Divide, through the Royal Gorge, Tennessee Pass, Canyons of the Grande and Eagle Rivers. Arrive Colorado Springs 5:00 p.m. Accommodations provided at the Hotel Alamo, beginning with dinner.

Sunday, June 13th:

Trip to Manitou and Garden of the Gods provided.

Leave Colorado Springs 11:00 a.m.

Arrive Denver 1:30 p.m.—Lunch and dinner provided. Sightseeing tour included, visiting the United States Mint, Auditorium, New Post Office Building, shopping and skyscraper districts, and an uninterrupted view of two hundred miles of Mountain Range from Observation Point in Cheesman Park, the highest point in Denver.

Leave Denver 10:30 p.m.

Monday, June 14th:

Breakfast, lunch and dinner provided, en route through Nebraska, making a short stop at Omaha.

Tuesday, June 15th:

Arrive Chicago 8:00 a.m.—Breakfast and lunch provided.

Leave Chicago 3:30 p.m.—Dinner provided en route.

Wednesday, June 16th:

Breakfast provided en route, through Canada. Arrive Niagara Falls 8:00 a.m. Meals provided at the Hotel Imperial. The world famed 22 mile Gorge Trip will be provided, crossing Upper Steel Arch Bridge to Horseshoe Falls; thence along the Canadian embankment to Brock Monument, across Suspension Bridge to Lewiston, returning up through the famous Gorge, in full view of the Whirlpool and Rapids. Stopovers are allowed and should be made, especially at the rapids. Leave Niagara Falls 7:00 p.m. Pullman standard sleeping car provided to New York.

Thursday, June 17:

Arrive New York 8:00 a.m.

Cost of this trip will be $250.00 for everything except meals in San Francisco. If we stay until Wednesday there it will also be increased by cost of board for those extra days. Arrangements will be made for Canadian nurses wishing to take trip from Toronto or other points.

THE CANADIAN SOCIETY OF SUPERINTENDENTS OF TRAINING SCHOOLS FOR NURSES.

President, Miss V. L. Kirke, Victoria Hospital, Halifax, N.S.; First Vice-President, Mrs. H. F. M. Bowman, Berlin and Waterloo Hospital, Berlin, Ont.; Second Vice-President, Miss Hersey, Royal Victoria Hospital, Montreal; Secretary, Miss L. C. Phillips, 43 Argyle Ave., Montreal; Treasurer, Miss Alice J. Scott, St. Margaret's College. 144 Bloor St. E., Toronto. Councillors—Miss Snively, 50 Maitland St., Toronto; Miss R. L. Stewart, Toronto General Hospital; Miss Johns, John McKellar Hospital, Fort William, Ont.; Miss C. M. Bowman, Portage La Prairie, Man.; Miss L. E. Young, Montreal General Hospital.

ALUMNAE ASSOCIATION, GRACE HOSPITAL, TORONTO

Honorary President, Miss G. L. Rowan, Grace Hospital; President, Miss L. Smith, 596 Sherbourne St.; First Vice-President, Miss De Vellin, Alexandra Apartments, University Ave.; Second Vice-President, Miss E. Knight, 28 Hampton Mansions, Metcalfe St.; Secretary, M. E. Henderson, 552 Bathurst St.; Assistant Secretary, M. E. Jewison, 552 Bathurst St.; Treasurer, Miss Carnochan, 566 Sherbourne St.

Board of Directors—Miss Rowan, Sloane, Warden, McPherson and Irvine.

Conveners of Committees—Devotional, Miss Noble, 286 Avenue Road; Programme, Miss E. Hawley, 260 Huron St., Social, Miss Etta McPherson, 63 Queen's Park; Press and Publication, Miss McKeown, 566 Sherbourne St.

Representatives on Central Registry Committee—Miss Mabel Pearen, 624 Manning Ave.; Miss Irvine, 596 Sherbourne St.

Representative to "The Canadian Nurse"—M. E. Jewison, 552 Bathurst St.

Regular Meeting, second Wednesday of each month, 3 p.m.

THE TORONTO WESTERN HOSPITAL ALUMNAE ASSOCIATION

Honorary President, Miss Bell, Superintendent of Nurses, Western Hospital; President, Mrs. Valentine, 55 Lakeview Ave.; First Vice-President, Miss Anderson, 48 Wilson Ave.; Second Vice-President, Miss Wilson, 159 College St.; Recording Secretary, Mrs. Gilroy, 490 Spadina Ave.; Corresponding Secretary, Mrs. MacConnell, 514 Brunswick Ave.; Treasurer, Miss Lucas, 35 Stephenson Ave.

Visiting Committee: Misses Beckett and Hornsby.

Representatives on Central Registry Committee: Misses Anderson and Cooper.

Program Committee: Miss Baker, Mrs. Bailey, Miss Creighton.

Directors: Misses Davis, Bowling and MacLean.

"The Canadian Nurse" Representative: Miss S. B. Jackson, 36 Prince Arthur Ave.

Regular Meeting: First Friday, 3 p.m.

THE ALUMNAE ASSOCIATION OF ST. MICHAEL'S HOSPITAL TORONTO.

President—Miss O'Connor, St. Michael's Hospital; First Vice-President, Mrs. P. W. O'Brien, 126 McCaul St.; Second Vice-President, Mrs. Roach, 86 St. Patrick St.; Secretary, Miss Foy, 163 Concord Ave; Treasurer, Miss Christie, 330 Berkeley St.

Board of Directors—Miss Connor, 853 Bathurst St.; Miss McDonald, 423 Sherbourne St.; Miss Hinchey, 853 Bathurst St.

Representative on Central Registry Committee—Miss Christie, 330 Berkeley St.; Miss Crowley, 853 Bathurst St.

Secretary-Treasurer Sick Benefit Fund—Miss O'Connor, St. Michael's Hospital.

Representative "The Canadian Nurse"—Miss Stubberfield, 1 St. Thomas St.

THE ALUMNAE ASSOCIATION, HOSPITAL FOR SICK CHILDREN, TRAINING SCHOOL FOR NURSES, TORONTO.

Hon. President, Mrs. Goodson; President, Miss Leta Teeter, 498 Dovercourt Road; 1st Vice-President, Miss D. Farncombe, 52 Victor Ave.; 2nd Vice-President, Miss L. Galbraith, corner Shaw and Irene St.

Treasurer, Mrs. Canniff, 77 St. Clair Ave. East.

Recording Secretary, Miss M. Hill, 105 Roxboro St. East.

Corresponding Secretary, Miss C. Cameron, 137 Macpherson Ave.

Conveners of Committees—General Business, Miss Ewing, Miss J. Hamilton; Sick Visiting, Miss I. Gray, 67 Balmoral Ave., Miss M. Ellerington, 159 Cumberland St.

Press Representative and "The Canadian Nurse" Representative, Miss K. Panton, Hospital for Sick Children; Representatives on Central Registry Committee, Miss M. Gray, Miss L. Teeter.

Directors, Miss Ewing, Mrs. Clutterbuck, Miss Mitchell and Miss Franks.

Regular Meeting, Second Thursday, 3.30 p.m.

THE ALUMNAE ASSOCIATION, RIVERDALE HOSPITAL, TORONTO.

President, Miss J. G. McNeill, 52 Alexander St.; Vice-President, Miss Mathieson, Superintendent Riverdale Hospital; Secretary, Miss Piggott, Riverdale Hospital; Treasurer, Miss Rogers, Riverdale Hospital.

Executive Committee—Misses Argue, Murphy, Scott, Nicols and Honey.

Conveners of Committees—Sick Visiting, Miss Murphy; Program, Miss Edith Scott.

Representatives on Central Registry Committee—Misses Argue and McPhayden.

Representative "The Canadian Nurse"—Miss McNeill.

Regular Meeting—First Thursday, 8 p.m.

THE FLORENCE NIGHTINGALE ASSOCIATION OF TORONTO.

Honorary President, Miss M. J. Kennedy, 1189 Yates St., Victoria, B.C.; President, Miss Ina F. Pringle, 310 Brunswick Ave.; Vice-President, Miss Ferguson, 596 Sherbourne St.; Secretary, Miss Jean C. Wardell, R.N., 290½ Dundas St.; Treasurer, Miss Millan, 30 Brunswick Ave.

Board of Directors—Misses Parke, Morrison, Grant, Code, Nash, Wilson, Dedsbury, and M. A. McKenzie.

Representatives to Central Registry Committee—Misses Pringle and Wardell.

"The Canadian Nurse" Representative—

Regular Meeting—First Tuesday, every second month.

THE ALUMNAE ASSOCIATION OF VICTORIA HOSPITAL TRAINING SCHOOL FOR NURSES, LONDON, ONTARIO

President—Miss Barbara Gilchrist; Vice-President, Miss Agnas McDougall; Secretary-Treasurer—Miss B. MacIntosh.

Conveners of Committees—Sick Visiting, Social and Look-Out, Miss Ida Rasser, Victoria Hospital; programme, Miss Mary Mitchell, 77 Grey St.

Program Committee—Miss Cline, Miss Whiting, Miss Smallman, Miss McVicar.

"The Canadian Nurse" Representative—Mrs. W. Cummins, 95 High Street.

Regular meeting, 1st Tuesday, 8 p.m., at Victoria Hospital.

THE ALUMNAE ASSOCIATION OF THE HAMILTON CITY HOSPITAL TRAINING SCHOOL FOR NURSES

President, Miss Burnett; First Vice-President, Miss Laidlaw; Second Vice-President, Miss J. E. Elliott; Recording Secretary, Miss M. Ross; Corresponding Secretary, Miss Bessie Sadler, 100 Grant Ave.; Treasurer, Miss A. Carscallen, 143 James St., South.

Committee—Misses Waller, Torrey, Armstrong, Storms and Street.

"The Canadian Nurse" Representative—Miss Bessie Sadler, 100 Grant Ave.

THE ALUMNAE ASSOCIATION OF THE TORONTO GENERAL HOSPITAL TRAINING SCHOOL FOR NURSES.

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Representatives on Central Registry Committee—Miss C. A. Mitchell, Miss Edna Gow.

Representative "The Canadian Nurse"—Miss Lennox, 32 Bernard Ave.

Regular Meeting—First Friday, 3.30 p.m.

PUBLISHERS' DEPARTMENT

THE "CITY" ANEMIC

SCHOOL NEWS.

The Summer Session at the School of Medical Gymnastics and Massage has a larger number of students than the preceding years. Mrs. Aagard and Inga Lohne are especially well adapted to conduct the theoretical teaching as well as the hospital clinics. Special lectures are delivered by the physicians of the faculty. Several of the students are accommodated at the school. The students find time to enjoy excursions up the Hudson River and other places. For all information apply to registrar at School of Medical Gymnastics and Massage, 61 East 86th Street, New York, N.Y.

INTERESTING MEDICAL BOOKLET.

We have just recived a little booklet published by the Sanol Manufacturing Co. of Canada, Limited, in which they give an interesting history of the treatment of diseases of the kidneys. A good amount of space is devoted to the opinions of physicians and druggists, as well as articles of medical journals dealing with the merits of the Sanol preparations. This firm, while only about two years in operation in Canada, seems to have succeeded in winning the endorsement of physicians for their remedies.